

## SiS: Suicide in Schools Model Youth Suicide Risk Assessment Form (SRA 2.0)

Student name \_\_\_\_\_ Date of assessment \_\_\_\_\_

Assessment completed ☐ In Person ☐ Virtually

Referral source (name / title): \_\_\_\_\_

Assessed by (name / title): \_\_\_\_\_

**\*Note: For all sections, please note online and offline content that indicates safety or suicide risk.**

Reason for referral and/or completing this form:

Student description of problem or event(s) that preceded this suicidal crisis (use student's words):

[If student reports thoughts of **harm to others**, please engage your school's threat assessment protocol.]

### I. IDEATION

Does the student report thoughts of suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, go to Section II
Timeframe: Past 24 hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Past week	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Past month	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Past year / lifetime	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Right now	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

When does the student first remember having thoughts of suicide?

Describe current ideation in student's words, including the precipitating event(s):

Has the student expressed suicidal thoughts to others online and/or offline?

**Frequency** (every minute / hourly / daily / weekly): \_\_\_\_\_

**Duration** (a few seconds / minutes / hours / days): \_\_\_\_\_

**Intensity** (not disruptive / completely disruptive): \_\_\_\_\_

**Location** (where are you when you have thoughts?): \_\_\_\_\_

What stops or interrupts the ideation? When and where is it **not** present?

How likely is it that they will tell someone about their suicidal thoughts?

**II. INTENT**

How much do they want to **live**? not at all= 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ =a great deal

When is the student's desire to live stronger? What is different when they want to live?

How much do they want to **die**? not at all= 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ =a great deal

Describe intent in student's words (when is desire to die stronger, how strong is the intent, etc.):

How confident are they that they WILL NOT attempt suicide in the future?

not at all= 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ =a great deal

**III. PLAN**

Does the student report a plan?

☐ Yes

☐ No plan

☐ Specific

☐ Vague

☐ Imminent

☐ Future

Has the student written a suicide note (online/offline)?

☐ Yes

☐ No

How does the student envision dying?

☐ No method

☐ firearm ☐ hanging ☐ suffocation ☐ cutting ☐ pills ☐ jumping ☐ other \_\_\_\_\_

Does the student have access to the means? ☐ Yes ☐ No ☐ N/A

Does the student know how to use the means? ☐ Yes ☐ No ☐ N/A

Where does the student envision dying? \_\_\_\_\_

When does the student envision dying? \_\_\_\_\_

Describe **current suicide plan** in the students own words including if they disclosed plan online/offline:

What would **make it more likely** that the student will follow through with the plan (**triggers**)?

Even if there is no current plan, what would make it more likely that the student will attempt suicide?

What could **reduce the likelihood** that the student will follow through with the plan?

Or, if no plan, what will reduce the likelihood of a suicide attempt?

Has the student made a prior suicide attempt?

☐ Yes

☐ No

How recently? \_\_\_\_\_

How many \_\_\_\_\_

For the most recent attempt: Did someone interrupt it? ☐ Yes ☐ No

Did the student stop themselves? ☐ Yes ☐ No

Did it result in injury and/or hospitalization? ☐ Yes ☐ No

Describe the **previous attempt** (method used, their response to the outcome, etc.)

**IV. STRENGTHS AND RESOURCES**

What are the student's **reasons for living**?

What **family member** or **adult** does the student identify as a support?

What **friends / peers** does the student identify as supports (online or offline)

Which **school staff** does the student identify as a support?

What is the student good at / likes to do / enjoys doing? What does the student look forward to doing?

**V. RISK FACTORS** (Y = Yes, applies. N = No, does not apply. U = Unable to assess)

<input type="checkbox"/> Prior suicide attempt	<input type="checkbox"/> Gun in the home	<input type="checkbox"/> Chronic illness
<input type="checkbox"/> Failing a grade / repeating a grade	<input type="checkbox"/> Dissatisfied with grades	<input type="checkbox"/> Conflict with staff
<input type="checkbox"/> Suspended from school	<input type="checkbox"/> Disciplinary crisis	<input type="checkbox"/> Conduct disorder
<input type="checkbox"/> Recent humiliation in front of peers	<input type="checkbox"/> Socially isolated	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Treated unfairly/victimized due to (circle): ethnicity, perceived gender identity, or sexual orientation		
<input type="checkbox"/> Recent (suicide) death of friend / family	<input type="checkbox"/> TBI/concussion	<input type="checkbox"/> ADHD
<input type="checkbox"/> Victim/witness intimate partner violence	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Physical abuse
<input type="checkbox"/> Family relationship problems / conflict	<input type="checkbox"/> Neglect	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> Sleep disturbance / insomnia	<input type="checkbox"/> Victim of (cyber) bullying	<input type="checkbox"/> Substance use
<input type="checkbox"/> Depression / bipolar depression	<input type="checkbox"/> Perpetrator of (cyber)	<input type="checkbox"/> PTSD
<input type="checkbox"/> Perceived burden to others	<input type="checkbox"/> bullying	<input type="checkbox"/> Legal involvement
<input type="checkbox"/> Non-suicidal self-injury (e.g., cutting)	<input type="checkbox"/> Other _____	

**VI. INTERPERSONAL DISTRESS**

How hopeless do they feel?	not at all=	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	=a great deal
How much of a burden on others do they feel?	not at all=	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	=a great deal
How depressed, sad, or down do they feel?	not at all=	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	=a great deal
How disconnected do they feel from others?	not at all=	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	=a great deal
Write down their biggest trigger/stressor _____							
How much of a trigger/stressor is it right now?	not at all=	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	=a great deal

**VII. ASSESSMENT OF SCHOOL ENVIRONMENT**

School staff interviewed \_\_\_\_\_

Documents reviewed \_\_\_\_\_

Recent changes in **schoolwork**?☐ Yes ☐ No

Describe:

Recent changes in **emotions/mood**?☐ Yes ☐ No

Describe:

Recent changes in **thoughts/cognitions**?☐ Yes ☐ No

Describe:

Recent changes in **behaviors** (discipline)?☐ Yes ☐ No

Describe:

Changes in **appearance**?☐ Yes ☐ No

Describe:

Changes in **peer interaction**?☐ Yes ☐ No

Describe:

Any **socio-environmental stressors**? (e.g., due to race/ethnicity, sexual or gender identity, academic testing or activities such as significant sports loss or upsetting assemblies, classroom presentations, school disruptions or teacher changes, pandemic, etc.)☐ Yes ☐ No

Describe:

Any comments indicating suicidal ideation, self-destruction or death?

☐ Yes ☐ No

Describe:

## VIII. INFORMATION FROM PARENT(S)/GUARDIAN(S)

Parent/guardian interviewed

**Has your child ever mentioned having thoughts of suicide or dying?**

☐ Yes    ☐ No

1. If so, when and how often? Please let us know if they have ever received counseling or psychiatric supports (including hospitalization) for emotional or behavioral concerns, including suicidal thoughts or behaviors. Describe:
2. How likely do you think it is that they would act on these thoughts? Please describe:
3. Can you think of anything that has been very **stressful** for your child lately, such as the loss of a family member, change in family structure (e.g., parent moves in or out), adjusting to living in the USA, or conflict between your child and a family member? Please describe:
4. Have you noticed a change in what you or your community would consider normal for your child in terms of their **behavior** - either significantly more active (e.g., engaging in risky behaviors or harming themselves/agitation) or withdrawn (e.g., not participating in activities that he/she would normally/sleep problems)? Describe:
5. Have you noticed a change in what you or your community would consider normal for your child in terms of their **emotions** – either significantly more emotional (e.g., sad, angry, scared) or less emotional (e.g., quiet, withdrawn, unresponsive) than usual? Please describe:
6. Have you noticed a change in what you or your community would consider normal for your child in terms of their **thoughts** – either significantly more preoccupied or significantly less able to concentrate and focus on any one thing?
7. Does your child know anyone who has died by suicide or attempted suicide? If so, who and when?

## IX. PRESENTATION AT TIME OF ASSESSMENT (Check all that apply)

### Emotional state

- ☐ Numb                      ☐ Sad                      ☐ Anxious  
☐ Irritable                ☐ Angry                  ☐ Scared  
☐ Other \_\_\_\_\_ ☐ \_\_\_\_\_ ☐

### Cognitive state

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hopeless about future                    | <input type="checkbox"/> Blaming self      | <input type="checkbox"/> Blaming others |
| <input type="checkbox"/> Checked out (dissociated)                | <input type="checkbox"/> Rigid thinking    | <input type="checkbox"/> Confused       |
| <input type="checkbox"/> Auditory, visual, tactile hallucinations | <input type="checkbox"/> Poor insight      | <input type="checkbox"/> Poor judgment  |
| <input type="checkbox"/> Other                                    | <input type="checkbox"/> Poverty of speech | <input type="checkbox"/> Unrealistic    |

### Behavioral state

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Lethargic          | <input type="checkbox"/> Agitated    | <input type="checkbox"/> Impulsive   |
| <input type="checkbox"/> Abnormal movements | <input type="checkbox"/> Threatening | <input type="checkbox"/> Risk-taking |
| <input type="checkbox"/> Other              | <input type="checkbox"/>             | <input type="checkbox"/>             |

## X. RISK ASSESSMENT

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e., intent), has no specific plan, exhibits few risk factors, and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide but no reported intent. Demonstrates some risk factors but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors. If the student has written a suicide note, the student is immediately considered at high risk.

## XI. OVERALL RISK LEVEL SUMMARY

Student meets criteria for **low / moderate / high** suicide risk based on the following information (*If a student falls between levels, err on the side of caution and assume higher risk category*):

- Current risk state (compared to prior or baseline, if known):
- Available resources at school, home, and in the community:
- Foreseeable changes that might increase or decrease risk:

**XII. ACTIONS TAKEN / RECOMMENDATIONS**

Actions taken should be a direct result of the risk level identified above in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.

☐ At the time of the assessment the youth presented with NO RISK for suicide.

Consultation with other School Mental Health Professional/ Suicide Prevention Coordinator/admin received?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Parent/guardian contacted?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Release of Information signed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Released to parent/guardian?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copy of SRA provided to referral?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Copies of SRA and Safety Plan provided to parent/guardian?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Safety plan developed/reviewed/updated?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Recommending removal of method/means?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If currently in treatment, contact made with therapist/psychiatrist?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not in treatment, referrals provided to parent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/> outpatient therapy <input type="checkbox"/> Crisis center / hospitalization				
<input type="checkbox"/> Local crisis number <input type="checkbox"/> 988 or text "home" to 741-741				
If the student reported thoughts of harm to others, was threat assessment protocol completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Other? Please describe:

\_\_\_\_\_  
Assessor's signature and credentials

\_\_\_\_\_  
Date

**Reviewed by:**

\_\_\_\_\_  
Name and credentials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** This form is intended for use by qualified mental health professionals who have been trained in how to conduct a youth suicide assessment. For a more in-depth explanation of how to use this form, please refer to chapter 8 of Erbacher, Singer and Poland (2023): *Suicide in Schools: A Practitioner's Guide to Multi-Level Prevention, Assessment, Intervention and Postvention* (Second edition). Routledge Press.